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## ORIGINAL DEPARTMENT.

### Communications.

#### FRACTURE OF THE FEMUR; REFRACTURE, AND RECOVERY.

BY ALBERT G. WALTER, SURGEON,  
Of Pittsburgh, Pa.

[Continued from page 28.]

This apparatus, which we have used for many years' past in fractures, injuries and diseases of the lower extremity, requiring, for their successful treatment, immoveable rest and security of the limb, commends itself strongly on account of simplicity, lightness, facility of application, efficiency, extensive usefulness and cheapness. Answering, as it has done, in our hands, for all cases of disease and injuries of the lower limbs, not excluding those complicated with wounds, we feel confident that it cannot be improved, nor that its merits are overrated. It not only allows of re-dressing the injured limb, or part of it, without disturbing the extending and counter-extending forces, but admits of the separate removal of any splint, for the purpose of dressing, without interference with the others. There is no need of the many turns of bandage confining the splints to the limb, which, during their application and subsequent removal, for the inspection of the broken fragments or wound, are not only a source of pain and discomfort to the patient, but an unnecessary waste of time and useless task to the surgeon. A few pieces of tape, or straps and buckles, answer in place of bandages, and more effectively, as they allow of easy re-adjusting, and frequent tightening, if needed. With it, the patient is not hopelessly confined and bound down to his couch in the recumbent position for many weeks, as with the rather clumsy wooden contrivances in common use at the present time, but freedom of motion is granted him, he can move, and lift himself, and even enjoy the half-sitting and erect position of the body. The limb thus firmly, yet comfortably secured, unites more rapidly, for in less than five or six weeks the patient may leave his bed and use crutches, the apparatus, on ac-

count of its lightness and portability, not interfering with locomotion. Many years of experience with the use of this apparatus, gained with the desire of making injuries and diseases requiring bodily confinement more bearable to the patient, and of attaining the best and speediest recovery of the limb in the possibly shortest time—an important consideration with the laboring portion of the community, whose daily support depends on manual exertion—has convinced us that among all the appliances of ancient and modern surgery, which we know of, there is none, which for extensive usefulness, ready application, simplicity, lightness and effectiveness, will compare with that of our own invention.

The patient, on being removed to her bed, with the lower part of the limb somewhat raised upon a cushion, awoke easily and harmlessly out of the anæsthetic state, having been totally unconscious to everything around her. She slept a great deal during the day, was free from pain, there being but little reaction. Next day, after a good night's sleep, the circulation had become quickened, with thirst, flushed face, and frequent micturition. A few doses of Dover's powder, with Norwood's tincture of veratrina, were ordered. With suppuration of the wound, beginning a few days after, febrile excitement increased, appetite returned, the patient feeling as comfortable and free from pain as if confined for a simple fracture. A flaxseed meal poultice was applied to the wound, and a nourishing diet prescribed, with quinia, iron, and morphia, administered a couple of times a day. The case progressing as favorably as could be expected, there was no discomfort from confinement or splints, but that occasioned by the chafing of urine, which unavoidably wetted the perineal band. But by renewing this daily, and protecting the groin by oleaginous applications, soreness from that cause was soon relieved. Such being the advantage of the apparatus and splints used in the manner described, that the wound was freely exposed for daily dressing without the necessity of removing any of the splints, and of relaxing extension, and counter-extension, thus saving pain to the patient and trouble to the surgeon.

For two weeks, during which time daily improve-

ment in the case was apparent, suppuration being moderate, and of a healthy character; sleep, appetite, and evacuations, normal, no change was needed in re-adjusting the splints, the limb having thus long remained undisturbed, for nature's power of reunion. At the expiration of that time, however, all splints were temporarily removed for the application of new paddings, care being taken at the same time to keep up extension and counter-extension of the limb, by the help of assistants, while the dressings were renewed. The limb appeared then in a healthy condition, there was no undue swelling of the femur, nor any bagging of matter around the bone or between the muscles, which is apt to follow resections, the wound had already closed at the bottom, the quantity of matter discharged proceeding from its surface. Being thus superficial, its edges were approximated with strips of adhesive plaster, encircling the limbs, flax-seed meal poultice no longer being needed. The splints were then re-applied, extension and counter-extension renewed, and the wound, as before, left exposed for daily dressing with a cicatrizing ointment, and for cleansing. The patient was cheerful, playful, and in good health, yet pale, the consequence of confinement. Tinct. ferri chlorid. was ordered. Two weeks more had passed away, when the general dressing was renewed. It was then found that the broken fragments had already united, that there was no swelling at the seat of fracture, that suppuration had almost ceased, cicatrization progressing rapidly, and that the limb was of the same length as its fellow. For a week back patient had been sitting up in bed and been noticed to move her limb with the greatest freedom. The circular strips of adhesive plaster were replaced, the splints and extension apparatus re-applied, and two weeks more confinement in bed observed. After that time had expired—six weeks from the date of the operation—the dressings were again renewed. Union of the bone was then quite firm, and the wound almost closed, no further restraint in bed being required. The limb was now bandaged from the toes upward, the thigh splints and extending apparatus re-adjusted, and patient allowed to walk on crutches, the limb suspended from her neck. In a few days after, she was able to move about, enjoying the exercise thus granted. The limb at present, twelve weeks after the operation, appears to be strong, well able to bear the weight of the body; still she is not allowed to make use of it, except by the assistance of crutches. The thigh-bone is as long and straight as the other, no mark or swelling at the seat of fracture

being noticeable, and bids fair to be as natural and serviceable as ever.

The success, with which conservative surgery has been crowned in this case, though not unexpected, yet more prompt, undisturbed by any unfavorable symptom, and rapid, than reasonably could have been anticipated, is the more gratifying, as it benefits the child of parents, who, in their grief and simple-mindedness, were with difficulty persuaded to allow attempts to be made for the relief of the deformity under which the child labored. Having seen her suffer for many weeks, the tortures of a broken limb, whose fragments, unadjusted and unsupported, were left to the care of nature, it was no easy and painless task to induce them to submit to an operation, which, although justifiable, cannot be considered quite free from dangers. Gratifying, too, as it restored the child of poor parents, whose support in life depends on soundness of limbs and body—a boon far greater to them than generally appreciated, and more anxiously to be regained, when lost. Success, moreover, obtained under such circumstances, enhanced as it was by unbounded joy, and unexpected relief of the parents, cannot fail to force the surgeon to the admiration of nature's unlimited resources. However understandingly and intelligently he may apply the means of relief at his hands, he has to rely on her bounty; hoping and trusting that she will not forsake him, but crown his feeble efforts for the restoration of the patient. *Her's* be the glory in success; *his*, the reward of faithful and deserving stewardship.



Fig. 1, represents the limb before the operation. Fig. 2, the fractured thigh-bone, with the wedge-shaped bony mass uniting the broken fragments.

## DEATH FROM CHLOROFORM.

By W. P. MOON, M. D.,

Of Philadelphia, Pa.

In reporting the following case, I can do little else than state the facts as they occurred. We know so little really of the rationale of death from this agent, that we cannot say positively how it acts upon the system. In some instances, it would seem as if the nervous centre of the respiratory organs was suddenly paralyzed, causing a cessation of respiration and a consequent statical condition of the blood which the heart cannot overcome. In other instances, the heart would seem first to come under the fatal influence of the poison, for such we must concede it to be, and then almost instant death occurs.

Every case of death from chloroform which is reported, must necessarily be a warning to us, either to use it with increased care or expect danger from its use. It is with this in view that I am induced to report the case. Some still affirm that there is little or no danger from the use of chloroform, if it is properly given. Either the evidence to the contrary is continually accumulating upon us, or we must conclude that all who have administered it in fatal cases did not know how to give it.

So far as my observation goes in three cases which were endangered, one fatal, asphyxia was the first observable symptom of an overdose of the anæsthetic, and death supervened in the fatal case, so suddenly and unexpectedly that there was little time to study the process.

In all these cases, the amount of chloroform inhaled was certainly less than half an ounce, and asphyxia occurred in from two to three minutes from the commencement of giving the chloroform. In every case, it was given upon a folded towel held to the face, and I fear a *sufficient amount* of atmospheric air may not have been allowed by this means of exhibition.

From this want, it seems to me, lies our chief danger in administering chloroform, for, before one who may be giving it is aware, his attention may be drawn, for only a minute, from the patient to the operation about to be performed, in which he is equally interested, and before he is conscious of it his patient is gone.

In one of the cases referred to—a case of secondary hemorrhage, in which the lingual artery was cut and external carotid injured by gunshot wound—the carotid having sloughed, we were about to ligate the common carotid, when the patient died, partly from the effects of the hemorrhage and partly from the chloroform.

So far as reported, the number of deaths from chloroform during the war was less than a dozen, out of the many thousand cases in which it was given, chloroform being used in a majority of instances in the army, where an anæsthetic was used at all.

Is this not too many lives to sacrifice in a short space of time without producing in our minds a serious doubt as to the use of so dangerous an agent?

Private J. J., Co. B., 2d Penna. Heavy Artillery, was admitted to Mower U. S. Army Hospital May 10th, 1865, suffering with gunshot wound of right arm, received about a year previous. Extensive necrosis of the humerus existed, which it was found necessary to remove. Upon a careful examination of the case, it was ascertained that a sequestrum, involving nearly the whole original shaft of the humerus, eight inches in length, was entirely detached, and two inches of the upper portion of it exposed to view. The bone was injured by the bullet two inches below the acromion process, and sloughing of the tissues followed. May 12th, it was decided to remove this sequestrum. One of the oldest members of the staff, who has administered chloroform many times, and who generally assisted in the operations, had charge of the administration of the anæsthetic, and another, who had been for two years a surgeon of volunteers, and had seen a death from chloroform on the field, had charge of the pulse.

The patient seemed in every way a fit subject upon which to use the anæsthetic favorably, and came under its influence in about a minute and a half, as nearly as we could judge. The towel was removed, but as we commenced the operation it was again placed upon the face. Almost instantly the face became livid, the limbs were extended, respiration ceased, and very soon the circulation became suspended.

Efforts were immediately made at resuscitation by withdrawing the tongue from the mouth, dashing cold water in the face, applying ammonia to the nostrils, using artificial respiration and galvanism. Excepting two or three labored respirations, no signs of returning animation appeared.

Post mortem examination disclosed no morbid appearance calculated to throw light upon the case. The lungs were collapsed, but healthy, and the heart was in an apparently normal condition.

The chloroform used was tested upon the hospital grounds, and a specimen sent to Washington for analysis, and in both trials found to contain impurities. How far these impurities may have



influenced the fatal termination in this case, we are of course unable to say.

The chloroform imparted a dark color to sulphuric acid, which is said to be the test for impurities found in imperfectly rectified chloroform. As to the nature of these impurities, little is supposed to be known.

In reviewing this case and those which have approached an asphyxiated condition, which I have seen from the use of this drug, I cannot avoid the conviction expressed above, that, in giving chloroform, the chief danger lies in the want of a full supply of air to be inhaled with the anæsthetic, in order to give the lungs full life-sustaining power.

In witnessing the exhibition of anæsthesia by nitrous-oxide gas, on one occasion, at the Pennsylvania Hospital, I think a patient was as nearly dead as I should care to see any one, and have my doubts if it is without its dangers, either through unskillful management or improperly prepared gas.

Should it prove what its advocates claim for it, and become more readily used by improved means of administration, it will be a greater blessing than we now possess in chloroform or sulphuric ether.

## Hospital Reports.

PHILADELPHIA HOSPITAL, }  
November 29, 1865. }

MEDICAL CLINIC OF DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

### Erysipelas.

Gentlemen, I have presented many different forms of disease to your notice, but this is entirely unlike any which you have seen in this clinic, and it is very important that you should understand its nature, symptoms, and treatment. It may prevail endemically, as in this house at the present time, particularly in the Surgical wards, so that no operations of importance are performed; epidemically in certain neighborhoods, or sporadic cases will occur here and there in your practice.

The disease attacks the robust and healthy as well as the weak and anemic in all seasons, and at every period of life. Children are sometimes born with it; and it has for its victims youth, adult life, and old age. It seizes upon every part of the body, particularly the skin and cellular tissues, either from traumatic causes or idiopathically; and indeed there exists in some persons a peculiar predisposition to the disease, so that they can hardly be pricked with a thorn without exciting it.

It is particularly apt to be prevalent in hospitals, so that the knife can scarcely be used without danger, and there seems to be some peculiar connection between it and puerperal fever. It is dangerous for physicians to attend cases of midwifery who have much to do with erysipelas. The causes of this disease are various, but I cannot agree with those who think it is cryptogamous in its origin; at any rate there is some particular cause affecting lungs, liver, stomach, indeed the whole system generally.

Very slight causes may give rise to it, as excessive heat or cold, or a vitiated state of the atmosphere, as witnessed in hospitals. Whatever tends to derange the digestive or hepatic functions, or, in short, any important function of the body, may produce it.

It may be simple, attacking only the skin, and then the blush may be so faint that a slight touch of the finger will dissipate it, with but trifling constitutional disturbance. The phlegmonous is more serious in its character, attacking and extending to the deeper seated muscular and adipose tissues, and often leading to extensive suppuration, and even to gangrene. The constitution sympathizes, the symptoms being first sthenic and afterward of a typhoid character.

The patient before us has been sick two weeks. When he was admitted, his face was enormously swollen, so that the features were almost undistinguishable, the mind wandering, and his condition evidently typhoid. At first he had a chill, furred tongue, and a general feeling of malaise. In this stage the treatment must be tentative. Cannot tell what is going to happen. But now we have positive symptoms: the erysipelatous blush, excessive heat, nausea, thirst, and restlessness; the wandering mind, and brown-coated tongue, all indicate the typhoid character. In light cases you can hardly distinguish the blush; a slight impress of the finger is sufficient to remove it; these cases need only superficial treatment—correct the bowels, and apply some cooling lotion to the part. In severe cases the inflammation may extend, producing a purulent discharge, dissecting up muscles and burrowing under muscles, the fascia as in the thigh, hand, foot, etc. In these cases endeavor to get behind the disease, overcome the cause, if it is apparent, supporting the system meanwhile. In inflammatory cases use depletion. I do not believe in specifics; just because a man has erysipelas, therefore must give tincture of the chloride of iron, as is too much the fashion. Study your case, see what is the matter, and treat accordingly on general principles. Use local applications as auxiliary. The cutaneous disease is a local manifestation of a constitutional trouble. Tincture of iodine is excellent in relieving pain and tension, in promoting the removal of effused fluids, and in checking the extension of the morbid action. A belt of nitrate of silver will frequently check the further spread of the disease. When the inflammation attacks the scalp be careful in using cold applications to the head. Morbid action may invade the brain; should this occur, treat as if there was no erysipelas, as in inflammation of the brain. In this case we have been using as a local application the sulphite of soda—tablespoonful to the pint of

water. To correct secretion a blue mass pill was administered with the neutral mixture every four hours, to allay the heat of skin; sustaining the system meanwhile by iron, quinia, milk punch, etc., until the force of the disease has been spent. In this hospital I am in the habit of pursuing this course of treatment with very good success.

The tincture of the chloride of iron in large doses, frequently repeated, has been much extolled as a new remedy. I have used this in many cases of a debilitated form for many years. You will find a notice of it in NUNELLY'S work on this subject, which I advise you to read, and from which I obtained this idea. In cases of a tendency to a brain fever, where the digestive organs have first been rectified, and the stomach will bear it, you will find it an admirable remedy; but remember to continue it steadily, and for some time even after the patient seems well.

UNIVERSITY MEDICAL COLLEGE, }  
New York, Dec. 13th, 1865. }

MEDICAL CLINIC OF PROF. A. L. LOOMIS.

Reported by S. Hendrickson.

#### Aneurism of the Ascending Aorta?

Michael McD., *æt* 42 years.

*History.* This patient, as far as could be ascertained, had no hereditary tendency to disease. He had not had gyphilis, and had not been an intemperate man, although accustomed to the occasional use of alcoholic stimuli. Patient had two and a half years ago what he calls rheumatism, which attacked, principally, the breast and back, unattended by any pain or swelling of the joints. He was in the United States service at that time. He was obliged to go to the hospital, where he remained until a year ago last May, when he received his discharge for disability. When he was first taken, he could not lie on his left side, and felt more comfortable in the supine position, with the head slightly raised. He says that he has lost some flesh; has had a cough for two months, with no hæmoptysis. He sees as well with one eye as the other, has no giddiness of the head; thinks that within the past year he has lost his voice somewhat. He has been subject to cramps in his legs at night during the past four months. He is sleepless during the early part of the night. His appetite is good; bowels regular.

On inspection, gentlemen, you perceive that this patient is slightly emaciated. The capillary circulation in his extremities is imperfect. The pulse at the left wrist is about ninety per minute. At the right wrist it is smaller and less forcible than at the left. The temperature of the skin is normal, tongue natural. The pupils act to light, and are equally dilatable. He has the peculiar sort of cough, which may be styled an *iron* cough.

As you look at this man's thorax, you see a prominence, a distinct, well-defined tumor in the right mammary region, just below the junction of the fourth costal cartilage with the sternum. It measures about two and a half inches transversely and the same perpendicularly.

*Physical Examination.* On palpation over the præcordial region, the apex-beat is felt in its natural place. It is not forcible, but rather feeble. In the infra-clavicular region of the right side pulsation is felt, which increases in force and distinctness as I go downward towards the tumor. As I grasp the tumor it gives a distinct impulse, but no thrill. A slight impulse is felt below the tumor, but none in the epigastrium. On percussion, I find dulness on the right infra-clavicular region. On auscultation, I find an absence of all respiratory sounds in this region, with exaggerated inspiration on the left side. Both the heart-sounds are heard in the infra-clavicular region of the right side; but neither of them on the left. Placing my stethoscope over the tumor, a forcible impulse is communicated to the ear at each pulsation. Both of the heart-sounds are heard; the second ringing in character. No murmur is heard while the tumor is prominent, but by pressing the tumor between the ribs, which I can easily do, I get a distinct bruit.

*Diagnosis.* There is no doubt as to the nature of this tumor. The pulsation, the bruit, and the peculiar character of the cough which the patient has, are diagnostic. But the exact seat of the aneurism it is not so easy to determine. The existence of the aneurismal tumor in this location is very unusual. I am however inclined to believe this to be an aneurism of the ascending portion of the aorta, notwithstanding the low point at which it has made its appearance externally.

We will keep this patient under observation, and await further development of light in the case.

Emphysema of the Lungs, with Chronic Bronchitis—Hypertrophy of the Heart, with Dilatation of the Right Ventricle.

Martin W., *æt* 46 years, laborer. This patient has been complaining for five weeks. He continued at his work up to four weeks ago, when he had to give up, as he says, on account of "a fluttering of his heart." He has had no rheumatism. He has had a cough for ten or twelve years, which is worse in winter, and during damp weather. He has some expectoration, but has had no hæmoptysis. He is unable to lie down at night on account of dyspnœa. Within the last three or four weeks he has noticed some cedema of the feet. Patient says that he has been moderately temperate in his habits. Has noticed that of late he passed his urine rather frequently. Never had suppression at any time; has had no pain in his back.

On looking at the patient you see that he is considerably emaciated. His countenance is a little yellow, but there is no tinge of the sclerótica. The skin is of a natural temperature. His muscles are very flabby, pulse is very feeble, hardly perceptible, and seems almost continuous, so that it is difficult to count it. His chest is deformed; the thorax is bulging, and there is roundness with shrugging of the shoulders. It is the chest of emphysema. The cardiac impulse is felt most

distinctly about three quarters of an inch below, and to the left of the left nipple. It beats tremulously and with a sort of reduplication.

Percussion shows quite a marked dulness in the right infra-clavicular region, and also posteriorly in the right infra-scapular region. Auscultation reveals exaggerated inspiration, with prolonged expiration on the left side. Inspiration is heard on the right side, but less intense than on the left. There are bronchial râles, sibilant, sonorous, and mucous, on the left side, posteriorly; the same on the right, with an absence of true respiratory sounds. The two heart sounds are indistinct, running together, and there is a murmur running from one into the other. The heart is beating at a rate of about one hundred and ten per minute.

*Diagnosis.* This patient has emphysema of the lungs with chronic bronchitis; there is hypertrophy of the heart, and judging from its action, I should say dilatation of the right ventricle. The heart disease is probably secondary to the emphysema. He may perhaps also have a complication of Bright's disease of the kidney, which we may determine by an examination of his urine.

Dec. 18th, 1865.

#### OBSTETRICAL CLINIC OF PROF. CHAS. A. BUDD.

Reported by S. Hendrickson.

##### Fissured Nipples.

Mrs. C., 36 years of age, the mother of two children, is at present nursing her youngest child, which is eight weeks old. She is complaining of excessive soreness of the nipples. The child is not troubled with a sore mouth. The mother did not have sore nipples while nursing her first child. On examination, this soreness, which the patient complains of, is found to depend upon a fissure of the nipples themselves, and also of a fissure at the base of the nipple, where the integument is reflected upon the areola.

Here, gentlemen, is one of those cases which you will frequently meet with in your practice among nursing women. This affection is often obstinate and rebellious; and all the applications which are made for the purpose of relieving it, frequently have but a temporary effect. When the child is put to the breast, the nipple is re-fissured, and there is a return of the difficulty. Various applications have been recommended for this troublesome affection, such as nitrate of silver and different astringent lotions, but after the use of any of them, the difficulty is extremely liable to recur. We are sometimes even obliged to recommend the weaning of the child.

Nipple-shields, made of different substances, as glass and india-rubber, have been recommended, but as far as my experience goes, they are of very little benefit.

One great obstacle to the cure of sore nipples is the carelessness of mothers themselves. After the child is taken from the breast, care is not taken to dry the nipples. I have been in the habit of recommending that, after the child has been put to the breast, the nipples be washed

with cold water and afterward be wiped perfectly dry. We will direct this patient to follow this course, and will also direct her to pencil the nipples with tr. catechu, with the results of which, in this class of cases, I have been very much pleased.

##### Chronic Metritis.

Mrs. F., æt. 25 years, has had five children. The youngest, if alive, would be three years old. The patient dates her illness a year back, at which time she had an abortion produced intentionally, by means of instruments, when she was ten weeks advanced in pregnancy. She had a good deal of flooding at the time, which continued for three weeks. She says that the tampon was kept constantly applied for a month. Her menses returned in about six weeks after the hemorrhage ceased. She has been very irregular in her menstrual period since that time, sometimes going three, sometimes five, and even seven weeks. She has leucorrhœa, which starches her linen and is sometimes tinged with blood. She has a frequent desire to urinate, being obliged to get up at night once or twice for that purpose, and the act of micturition is attended with pain. Her appetite is poor; bowels irregular, generally costive; she sleeps poorly at night, and has become considerably emaciated. She complains of a great deal of pain in the head, and of a soreness and burning on the top of the head.

From the history of this case, gentlemen, you see that this poor woman jeopardized her life by becoming the subject of a criminal abortion, brought about by one of those fiends in human shape who practice their iniquitous trade to so large an extent in our city. She tells us that she came very near dying from hemorrhage, and at present her existence is rendered miserable by symptoms which indicate to us organic disease of the uterus.

By digital examination, I find that the cervix uteri is patulous, admitting the first phalanx of the examining finger. The tissue of the neck, both of the anterior and posterior lip, is indurated. On crowding my finger high up in the posterior vaginal cul-de-sac and pressing against the body of the uterus, I find that it gives the patient pain.

*Speculum examination.* So far as the appearance of the neck is concerned, with the exception of its patulousness, you will see nothing which deserves particular attention. The tissue of the neck is slightly congested, rather more injected than it should be.

We have here, then, a case of chronic metritis, resulting from a traumatic cause. Frequently we have chronic metritis as a result of acute metritis, the acute stage shading off and becoming chronic, lasting for months, and even years. This disease is often very obstinate, and no cases so resist treatment as these which are induced by an interference with nature's physiological process. Very often the disease persists until after the climacteric. The reason for this is obvious. During menstruation, we have added to the pathological congestion already existing, a congestion of a physiological character, and we have



only about three weeks at a time during which we can make our applications before the return of another menstrual period.

The treatment of chronic metritis resolves itself into local depletion of the os uteri, by leeches or by scarification; counter-irritation, applied either to the cervix uteri, to the hypogastrium, or over the sacrum, together with the internal administration of some alterative. Now, what do we gain by counter-irritation applied to the cervix? The neck and the uterus are in fact two distinct organs. Their anatomical structure is different. Their vascular and nervous supply is from different sources, and they differ also, as you know, in their physiological functions. Now we occasionally see chronic metritis as a result of inflammation of the neck. This inflammation seems to propagate itself along the longitudinal fibres of the posterior surface of the uterus, which are prolonged into the neck. So we may apply counter-irritation to the neck, and experience has shown us that we can derive more benefit from applying it there than anywhere else.

Ordered concentrated tr. iodine to be applied to the cervix. Also,

R. Hydrarg. bi-chlorid. gr. ij.  
Tr. cinchon. co., f. ʒiv. M.  
S. Coch. parv. ter die.

UNIVERSITY OF MARYLAND, }  
November, 1865. }

SURGICAL CLINIC OF PROF. N. R. SMITH.

Reported by J. W. P. Bates, M. D., of Baltimore.

#### Scrofulous Ophthalmia.

Girl, 13. In many of these cases you find excessive photophobia. Whenever the eyes are irritable and the light hurts them very much, it is generally taken as an indication that they should be confined in a dark room, and antiphlogistics, leeches, and blisters are used. Do not confine them in the dark. This is more a constitutional than local disease, and they need the fresh air and light to improve their general health. They need not be exposed to the strong light of the sun, but take exercise in the morning and evening, when the light is not so powerful. There is often no great redness, and you will frequently be astonished to find such excessive tenderness and so little inflammation. Common to children from three to ten years of age. The secretion is muco-purulent. Trichiasis is often produced by the contraction of the eyelid, and the inverted hairs irritate the eye, and may become permanent, unless relieved by an operation. In this case, it is now mere ophthalmia tarsi. The eyelid is granular and exceedingly red, and there are numerous little points which irritate the eyeball, and make her very reluctant to open the eye. The disease is confined to the palpebral conjunctiva. The constitutional treatment more important than local. We will order her to take liq. ferri iod., three times a day; good animal

food; be kept in a well ventilated apartment not too dark; exercise in the open air.

To keep her bowels regular,

R. Pulv. rhei, gr. vj.  
Calomel, gr. iij. M.

Ft. chart j. Take every four days.

We will order cupri. sulph., to be applied by means of a camel's-hair pencil. Many collyria accomplish good in an indirect way, by causing a copious discharge of tears and mucus, thus causing depletion. Let her wear a cloth wet with cold water for one or two hours after the application of the copper.

R. Hydrarg. oxid. rub., gr. x.  
Adipis, ʒj. M.

Apply every night; rub in, after wiping the eye perfectly dry.

The argenti nitras, long continued, often stains the eye olive green, and such an introduction of foreign matter cannot be otherwise than injurious.

#### Scrofulous Adenitis.

Man, 23. Here you observe a great enlargement of the lymphatic glands of the neck. This man is a sailor, and sleeps in the forepeak, a place where the air is very confined. This disease is often met with among sailors, on account of the bad condition of their sleeping apartments, no attention being paid to ventilation. It is also met with in private practice, mostly among the poor, and those who disregard the laws of health. Servants who sleep in the attic are often affected with it, because there is usually no way of ventilating the room except by raising the window, and this they are unwilling to do. Every room, especially sleeping rooms, should have a fire-place in it, and it should be left open, and not closed up with a fire-board, as is too often done, for it affords the easiest mode of purifying the air. I suppose the foul air had much to do with the production of the disease in this case. It would be better to sleep out of doors than in such a confined air as many sailors do. This disease is chronic in its character, and affects the lymphatic glands. The parotid and submaxillary glands are entirely distinct from them, and do not become affected.

R. Liq. ferri iod., f. ʒss.

S. Twenty drops three times a day. As a local application, we will use the muriate of ammonia. Let his bowels be kept regular.

#### Wounds of the Arm.

Man, æt. 40. Some time since, this man met with an accident by which the arm was broken and a wound made upon the palmar aspect, just above the wrist. There was no protrusion of bone. Now there is an opening on the dorsal surface, and several fistulous orifices which require to be laid open. The end of the radius being necrosed and detached, we will remove it, because it acts as a foreign body and there is no likelihood of its becoming united. There is no more diseased bone. Let a long splint be applied to the forearm, so as to keep the hand perfectly at rest. There will be anchylosis, but that will

be much better than amputation of the wrist. Let the wound be dressed with a poultice.

#### Syphilitic Ulcer.

Man, æt. 37. This is a tertiary form of syphilis. This man has a foul ill-conditioned ulcer over the internal malleolus. The edges are everted and prominent, the discharges unhealthy, and it now presents a phagedenic appearance. Mercury would be highly improper in such cases as this, because the constitution is affected, and mercury has the tendency to break down, not to build up. He needs something to improve the general tone of the system. He is now taking potass. iod., and liq. ferri iod. We will give him tinct. ferri chlor., grt. xxx. every six hours. As a local application, we will use nitric acid and the watery solution of opium. Dress with Turner's cerate.

#### Wounds and Fracture.

Man, 21. Hurt about two weeks ago on the railroad. The left arm was broken, the left foot very much injured, and he had a bad wound of the scalp. We had to remove all the toes except the great one, and we may have to remove that also, but we will let it remain a little longer, to see if nature may not accomplish its reunion with the foot. We have saved a great part of the foot, and he will be able to walk quite well. We have here a very large granulating surface, and there is considerable discharge, but it is cicatrizing slowly. His shoulder was encased in a pasteboard splint and is doing very well, as also the wound in the scalp. He has a good appetite and is very cheerful. In fact, his good spirits have contributed much toward his recovery.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Amputation at the Hip-joint.

Dr. JOHN H. PACKARD details in the *N. Y. Med. Journal*, a case of amputation of the hip-joint, which he performed in January last, at the Beverly, N. J., U. S. A. Hospital. The patient, æt. 19, had been wounded, Aug. 16th, 1864, at Deep Bottom, Va., the ball passing through the head of the tibia.

Sept. 12th. Circular amputation of the thigh, through lower third, was performed on account of secondary hemorrhage.

Oct. 17th. Bleeding was again set up, and femoral artery tied in SCARPA's place. Ligature came away in ten days.

Nov. 5th. The end of the femur protruding through retracted soft parts, about four inches of bone were removed by means of chain-saw. Shortly after this, the stump became enormously swollen, painful, and abscesses formed in it.

Jan. 19th. The bone was exposed, found greatly enlarged and necrosed, as high up as the trochanters. Femoral artery was exposed and

tied in the groin, and disarticulation of hip performed by antero-posterior flaps. The patient was extremely depressed, and kept on the amputating table for two or three days, lest the effort at removal should prove fatal. Large quantities of stimulants and concentrated food were given, and surface temperature artificially maintained.

Jan. 27th. Bleeding again occurred, and external iliac tied; ligature came away in twenty-one days.

Feb. 19th. Two days after separation of ligature, lower end of the artery poured forth blood furiously, and was only controlled with great difficulty, by direct pressure, kept up for two weeks.

After this, recovery progressed steadily, and by the end of March the man was well. In June he was sent to his home in Maine.

#### Dislocation of the Hip-Joint in a Child Three Years old, with Eversion of the Foot.

In its August number, the *Australasian Medical and Surgical Review*, Dr. S. BELINFANTE, of Grafton, N. S. Wales, reports a case of dislocation of the femur in a child, three years old—probably the "earliest" case on record. The boy had fallen from the roof of a house. When first seen by Dr. BELINFANTE, five days after the injury, he could not stand without support; there was inversion of the left thigh, but eversion of the foot, and apparently no shortening, no crepitus, or any other signs of fracture being present, dislocation of the hip-joint was diagnosed.

Considerable difficulty was experienced in finding out the head of the femur. On grasping the buttock and rotating the thigh; the head of the femur was felt, but apparently in its natural position. Both buttocks being grasped at the same time, and both thighs rotated at once, the heads of both femurs were felt, but no difference could be seen in their positions. The injured thigh was then again rotated, and the place where the head of the femur was felt marked with tincture of iodine, to note more accurately the position of the head of the bone. The same thing was repeated on the right side, and on comparing the marks made by the iodine, the one on the left side appeared the eighth of an inch higher than the one on the right side. This was convincing that the head of the femur was on the dorsum illi, and was confirmed by continuing the examination for a few minutes longer, when, having traced the acetabulum, the head of the femur was felt immediately above the rim. By manual extension from the thigh, reduction was completed in two minutes, the femur returning into its socket with the usual loud snap. The case was interesting on account of,

1. The extreme youth of the patient.

2. The difficulties experienced in making the diagnosis sufficiently certain to justify an attempt at reduction.

3. Eversion of the foot. Last April, Mr. SYMES, of Dublin, recorded the case of an irremediable dislocation of the hip-joint, with eversion of the foot. Dr. BELINFANTE having previously recorded a case with eversion, the present would make the third.



## Ovariectomy in France—French Surgery.

A letter from Paris, by Prof. CHARLES A. POPE, of St. Louis, gives an account of the operation, as witnessed by him, in the Lariboisière, which is by no means creditable to French surgery. The letter is published in the *St. Louis Med. and Surg. Journal*, from which we quote the substance:

"If this last case of M. RICHARD be a sample of the method of performing the operation, it will sufficiently account for the fatality of such attempts in the Parisian hospitals.

"The patient of M. RICHARD was a young woman, disease of two years duration, patient not much emaciated, and in comparatively good state. Tumor unilocular, and of large size. Chloroform administered, an incision was made from a little below the umbilicus to the symphysis pubis, through linea alba to the cyst, which was found adherent. Every little vessel was most carefully secured. The sac was now punctured by a large sized trocar, *ad hoc*, intended in cases of non adhesion to empty the sac without allowing the escape of the fluid into the peritoneum, which is accomplished by a mechanism holding the walls of the sac and the peritoneum firmly together. The adhesions were easily overcome, the emptied sac was lifted out, and its pedicle secured by transfixion with a needle armed with a stout double ligature, and a firm knot made on either side. Peduncle was now severed. Then commenced the search for the minute vessels, and numerous ligatures were applied. In seeking for every minute orifice, although having an opening of eight inches, the surgeon further divided the abdominal walls with a pair of scissors, and applied additional ligatures, both to the walls and to the interior of the abdomen. As there was still some slight oozing, a second *débridement* was made with the scissors, the incision now reaching to the xiphoid cartilage, which, as he could go no further, seemed to satisfy the surgeon. Whenever a single drop of blood, venous or arterial, could be espied, the operator, after much sponging, seized it largely with his forceps; and an aid, throwing on a ligature, included quite a mass of tissue. In every case, both ends of the ligature were cut short off. The liver, spleen, bowels, uterus and bladder were pulled and hauled, and their surfaces constantly dabbed and rubbed with sponges, the operator remarking meanwhile, that the peritoneum was a '*très bon garçon*.' It is true that this membrane will bear much, but why the surgeon should think that the presence of a few drops of blood would prove more harmful than his rough sponging, ligature-nooses and sloughs, is almost beyond belief. The operation lasted three hours by the watch, and the exact number of ligatures was sixty one.

"The external wound was brought together by silver sutures, the peduncle having been secured in the lower part of the external incision, over the wire sutures, a multitude of narrow adhesive plasters, six inches long, were applied, one over the other, like a scultet bandage, the whole length of the wound; over these again there were long transverse bands of sticking plaster, and

over these fenestrated compresses of thin cloth, smeared with a blackish anodyne salve, covering the whole abdomen; and over this again were placed thick layers of cotton batting; and lastly, over all was secured the ordinary body bandage. This was called a dressing '*by occlusion*.' But of what use was the occlusion when the abdomen had been so roughly handled, and exposed for three mortal hours; when the numerous nooses, and their included sloughs, were all carefully kept within the abdominal cavity? The patient's doom was necessarily sealed; she died the same night, reaction not having been established.

"I could not help contrasting," concludes Prof. POPE, "this operation with one of my own successful cases, in which the adhesions were very firm and extensive, made more so, perhaps, by the repeated injection of tincture of iodine. I divided the peduncle with the *écraseur*; did not apply a single ligature; brought the wound together by silver sutures, and applied a few broad, adhesive strips, a slight compress, and the body bandage.

"Good fortune has much to do with the success of an operation; but a worse one than this of M. RICHARD I have seldom witnessed. In relying on the *très bon garçon* peritoneum, he certainly imposed upon its goodness. On its conclusion, the surgeon congratulated himself on having thoroughly performed all the required steps, and having neglected nothing essential to success. His error was in having done too much, and in having been over-anxious."

It seems that the great "*Latin Race*" will have yet a good deal to learn from the "*Yankees*."

## Electrolysis in Surgery.

M. SCOUTTETEN, (*Med. Times and Gaz.*) in a memoir read at the Academy of Medicine upon the application of electrolysis in surgery, observes that FARADAY first used the term to distinguish the decomposing action of electricity from analysis obtained by purely chemical procedures. He gives an account of eighteen operations which he has performed by its aid, and concludes as follows: The effects of electricity are of three kinds—1. Electrolyzation, that is, decomposition of the elements of the tissues without disorganization; 2. Accumulation of acids and alkalies at each pole, i.e. chemical cauterization or disorganization of the tissues by these bodies; 3. Physical cauterization, produced by the calorific developed by a galvanic current passing through a homogeneous metallic thread. These two latter actions are secondary effects of electricity, which may be replaced by other agents, as caustic alkalies or the actual cautery. 4. The electrolytic method is perfectly applicable to all soft tumors containing decomposable liquids, the cysts of the wrist, hydrocele, liquids within or around the joints, soft ganglions of the neck, soft goitre, arterial or venous tumors, and perhaps ovarian cysts. It should be rejected in the treatment of cancer, and fibrous or indurated tumors, unless of a very small size, and destructible by slight cauterization. Neither is it suitable for the treatment of lipoma, and all non-encysted tumors in which the fatty element prevails.

### Three Cases of Perforation of the Bowels in Typhoid Fever.

The *British Medical Journal* records in one of its last numbers, three cases of typhoid fever, in the course of which perforation of the bowels took place. They occurred in the London Fever Hospital, under the care of CHARLES MURCHISON, M. D., and the notes are drawn up by Mr. SQUAREY, Resident Medical officer.

The first case was a girl 13 years of age. She was admitted September 11th, her mind was so confused that she could not tell how long she had been ill. Skin very hot throughout the disease; tongue soon became dry and rough. Abdomen continued tense and tender, pulse constantly weak, ranging from 120 to 140.

The diarrhoea had been controlled by astringents and opiates, or opiate suppositories and injections. The motions were of a light ochrey color and free from blood till the night of September 23, when she had four copious stools, containing a large quantity of dark clotted blood. The following morning there was again a small quantity of blood in the motion. She did not rally from the effects of the hemorrhage, and on September 25th died.

*Autopsy.* Patches of recent lymph scattered over surface of intestines, especially near cæcum. Four ulcers in interior of vermiform appendix, in one of which, about  $\frac{1}{4}$  of an inch from the apex, two small perforations were observed. Contents of the intestines had not escaped into peritoneal cavity. Extensive ulceration in ileum, which (most of the slough having separated) had commenced to heal. A few ulcerations in large intestine, near the valve.

The second case, a young man, æt. 19 years, admitted August 23, 1865. Had been ill 14 days, and on admission had all the symptoms of severe typhoid fever with peritonitis. Skin hot and moist—numerous rose-colored spots scattered over the trunk. Pulse 120, small and feeble. Tongue dry, cracked, and covered with sordes. Abdomen enormously distended, tympanitic and tender; motions frequent and watery. Breathing entirely thoracic, bed-sore on sacrum. *Treatment:* stimulants, opium, astringents, turpentine stupes to abdomen.

Distention and tympanitis of abdomen continued throughout. On the 31st there was an uneven, nodulated appearance, which continued until death, as if intestines adhered to abdominal parietes. Same day retention of urine, which continued for a few days. Diarrhoea continued profuse in spite of treatment. No blood passed, except in small quantities on August 29th and September 2d and 3d. Mind heavy almost from the first, but patient always able to take drinks, and could generally answer questions, until the day he died. Pulse varied from 100 to 140—average about 120—always small and feeble. Bed-sores extended, causing much pain. After September 1st, evacuations passed involuntarily. Died September 7th.

*Autopsy.* Whole surface of peritoneum coated with a thin layer of lymph. Three perforations in large intestine, one about three and a half inches below the valve, and two in the sigmoid

flexure. No contents of bowels in peritoneal cavity. Extensive atonic ulcers found in ileum, with loose fringes, but no perforation.

*Third case.* Man, 43 years old, admitted Oct. 20th, with all the symptoms of acute peritonitis. He was confused and unable to give an account of his illness, except that he had been suddenly seized while at work, four days before, with acute pain in the abdomen; and that his bowels had been confined for four days. Extremely prostrate. Surface of body generally warm, extremities cold. No rash on skin. Lower part of abdomen much distended, tympanitic and tender. A distinct thrill, as if from a thin film of fluid, perceived on gently tapping this region. Pulse 120, counted with difficulty; respiration 48, thoracic. Urine contained a cloud of albumen. Died a few hours after admission—death preceded by urgent vomiting.

*Autopsy.* Extensive typhoid ulcerations in ileum, with a perforation, two lines in diameter, three inches above the valve. Extensive peritonitis; peritoneum contained about  $\frac{1}{4}$  of a pint of purulent fluid, confined to the lower half of the cavity by adhesions of the great omentum.

After death it was ascertained that he had been ill for three or four weeks with fever, and that four days before admission, having already for several days been permitted to eat meat, he was told by his medical attendant that he might return to his employment as a laborer. He had been working for a few hours, when he was suddenly seized with the acute pain referred to, and obliged to go home.

The case illustrates the extreme caution necessary during convalescence from typhoid fever.

### Treatment of Articular Rheumatism by Subcutaneous Injections of Sulphate of Quinia.

We can bear testimony to the excellent results obtained from the administration of the sulphate of quinia in articular rheumatism. Dr. ISAAC ASHÉ translates in the *Dublin Medical Press* an article from the *Bulletin de Thérapeutique*, in which the history of half a dozen cases is given, some subacute, others acute forms of articular rheumatism, in which subcutaneous injections of the remedy were resorted to with much benefit. The injections used were from 6 to 18 grains per day—commencing with smaller doses and increasing. From his investigations the author states that absorption and elimination proceeds with a degree of regularity hitherto exceptional in the treatment of disease. Yet it is difficult to obtain effects with mathematical exactitude although, in the hypodermic method the influences which affect absorption are less potent and numerous than in the ordinary modes of administering remedial agents. To combat rheumatism it is necessary to employ large doses. The injection of a large dose has a double advantage; the physiological and therapeutical effects are precise, and absorption and elimination more prompt. By injecting a small quantity at a time a more favorable result is obtained, provided a sufficient figure be attained within the twenty-four hours.

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The duration of the elimination for a dose of six grains is generally about twenty-four hours; it begins to be appreciable half an hour after the injection. The elimination of a dose of three grains often appears to be completed in nine hours, and it frequently does not make its appearance in the urine before an hour and a half.

The author draws the following general conclusions:

1. In articular rheumatism, as well as in other diseases, where its value is recognized, sulphate of quinia may be administered by the hypodermic method without serious inconvenience, and with advantages easy to appreciate.

2. Experimenters who have employed this drug by subcutaneous injection, have generally used insufficient doses, which explains the absence of physiological phenomena in their observations.

3. One has to introduce by the skin a dose more than half, almost two-thirds, of what one would give by the mouth to obtain effects as nearly as may be identical.

4. Absorption is more rapid and elimination more prolonged, when a large dose is employed.

5. Finally, the greatest advantages to be derived from the hypodermic method thus applied are, first, rapidity and certainty of action; secondly, immunity of the digestive track from derangement. The last result is valuable, for the integrity of the functions of the stomach allows us to nourish our patients from an early period, and to abridge the period of convalescence.

#### Capillary Aneurism of the Pons Varolii.

In the *Weiner Med. Wochenschrift* (*Brit. Med. Journ.*), Dr. HESCHL, of Gratz, says that not unfrequently there are found, in the pons varolii, reddish well-defined spots, varying in size from a hemipseed to a pea. On section, an appearance is presented of distinct red points, which, with a very moderate magnifying power, are found to be dilations of the smaller and smallest blood-vessels. Similar spots are more rarely found in other parts of the brain. VIRCHOW has described them in his *Archiv.* (III. p. 440, and XXX. p. 272), and appears to regard them as of the same nature as nævus. On the whole, says Dr. HESCHL, they have been overlooked, and, on the other hand, some have overrated their importance. SCHREDER VAN DER KOLK conjectured that they bore a causal relation to epilepsy.

Since April, 1859, Dr. HESCHL has collected 16 cases, in which these appearances have been observed. By the naked eye, there are seen very small dark red spots, generally thickly set together; the substance of the pons between them is slightly reddened. The microscope shows red and white corpuscles, also, frequently a network of fibrinous bands, often 1-300th of a line in diameter. The size of the spot in which these aneurisms are collected varies from the size of a hemipseed to that of a hazel-nut; or larger. The number of these foci is generally limited to one; in many cases there are two; and very rarely there are numerous foci scattered through the brain—the aneurismal tumors being distinctly limited, and unattended with any effect on the surrounding brain substance beyond slight imbibition, detectable only by the microscope. The spots are gen-

erally round or elliptic in form; some, especially the larger ones, are tongue-shaped. As to their locality, in 11 cases out of 16, they were situated in the pons Varolii; in one, in the right processus à cerebello ad pontem, extending into the arbor vitæ; in one, a spot as large as a hazel-nut was found in left anterior lobe; in one, in roof of left lateral ventricle; in one, the aneurisms were scattered in the right centrum ovale, etc.

The frequency of the appearances at various ages, in proportion to the number of *post mortem* examinations, is shown in the following table:

Age.	No. of Autopsies.		Cases of Capillary Aneurism.		Proportion to Autopsies.
	M.	F.	M.	F.	
40—50	73	67	3	2	1 in 28
50—60	82	51	4	1	1 in 26
60—70	38	45	1	2	1 in 27
70—80	20	18	2	0	1 in 19

In one case only were the capillary aneurisms found in a patient under 40. In more than 800 autopsies, made during forty years, Dr. HESCHL has never met with them in young subjects, hence he doubts their affinity with true nævus. They are very commonly connected with atheroma of the vessels—which was observed in a large proportion of the cases. None of the patients appear to have suffered from epilepsy, although three were in an asylum.

#### On Tobacco Smoking, [Das Tabakrauchen. Vom Dr. Pfaff.]

VELPEAU read on July 21, 1862, in the Academy of Sciences, of Paris, a memoir of a Mr. DEMAUX, who asserts that the men in the Department of Lot have become considerably more healthy in consequence of smoking tobacco, on account of which fact it would be well to cause the introduction of smoking into schools and lyceums.

In opposition to him, the Physicians in England have organized a society, which consists of members from all classes of society, and which has for its object to warn persons against the use of tobacco as an immoral habit, the evil consequences of which are depicted in the most glaring colors.

These extreme views have induced PFAFF to examine in an unprejudiced manner the advantage and disadvantage of smoking tobacco, and the results are as follows: As a general rule it can be affirmed that the earlier the habit is formed the more injurious it is in its first effects. Much also depends upon the kind of tobacco employed. Inferior varieties are often sought to be improved and rendered inflammable by substances sometimes corrosive, and often injurious to the health. A subsection of manufactories of tobacco and cigars to the police, or to a board of health, is the more to be desired, as in some of these manufactories the composition of such substance is kept secret. It is known that absorption of morbid matter from cigars has taken place through sores in the hands of the workmen in cigar factories. When we compare the good with

\* From Canstatt's Jahresbericht on the progress of medicine in all countries. "Account of the progress of hygiene in 1862, by Dr. BIRKMEYER, in Nürnberg."



the evil consequences of smoking, there remains quite as much to be said for as against this habit. As a rule the moderate smoking of good and not very strong tobacco is as little injurious as the moderate use of coffee and beer. The best test of its hurtfulness is in the subjective sensations of the smoker himself. He who experiences nausea, or other unpleasant results from its use, will be led to the belief that the habit is not useful to him.

Let smoking, therefore, be permitted to the young. Among them will be found some to whom it will be always injurious, but many persons require a powerful exciting agent, and if we had not tobacco, men would certainly employ some other narcotics, perhaps even opium.

#### Suicide.\*

MAYER, who is already known by his admirable statistical studies on suicide in Bavaria, draws the following result from the tables which have appeared in Vienna on the statistics of the Austrian monarchy.

1st. *Frequency of Suicide in general.* Suicide is not very frequent in Austria, and especially is this the case in the portions of it which are not German, and less civilized. It increases in proportion exactly as the population is more dense and more employed in industrial pursuits and trade.

On the other hand, murders and accidents are more frequent in the provinces which are not German, and these (more especially the accidents) reach their maximum in the mountainous and thinly settled portions of the country.

2d. *Sex.* Suicide of women is relatively less frequent in Austria than in Bavaria, and this especially in the German portions. Murders committed by women are relatively less frequent in Austria than in Bavaria—but this is so only in the portions not German, where murder by men is more frequent.

3. *Age.* By comparison with the lists of the ages of the population it is found that suicide increases in old age, and more with men than women. From 20 to 30 years, and also (although in less proportion) from 30 to 40, suicide is more frequent comparatively in women; after the 40th year it is less frequent with them than in men. (This is when we take as a standard the mean ratio of suicide between men and women in all ages.)

4th. *Religion.* In Austria suicide is most frequent among Protestants, and least so among Jews.

5th. *Time.* Most of the suicides in Austria are committed from May to July, the smallest number occur from December to February.

6th. *Manner.* In the German provinces of Austria, hanging and poisoning, in the other portions drowning and shooting are most frequent. Compared with other countries hanging is very frequent, and drowning very infrequent in Austria, probably on account of the small proportion of women who commit suicide. As everywhere

men usually choose hanging and shooting, women drowning and poisoning. It is worthy of remark, that in the provinces which are not German, suicide among women by shooting is three times as frequent as in the German provinces. As regards the time of year, these special modes of death observe about the same relation when taken separately, as is found when they are taken collectively, with the exception of drowning, which occurs more especially from May to August, the four bathing months.

## Reviews and Book Notices.

### NOTES ON BOOKS.

#### Sansom on Chloroform.\*

LINDSAY & BLAKISTON have done well to reprint this book; which, in less than three hundred duodecimo pages, tells us, well and fully, all about chloroform. It is a capital monograph.

We have in it, first, a good account of the history of anaesthesia, giving due credit to the American inauguration of ether; though without deciding the question of credit between WELLS, MORTON and JACKSON. Then the influence of chloroform on mortality after operations is considered, with statistics; concluding, that although chloroform has a number of times caused death, such instances are not more than about one in sixteen thousand cases of its administration; that with more care and knowledge their number may be greatly lessened; and that altogether it has already proved a conservator of life in spite of such accidents.

After a chapter on the chemistry of chloroform, Dr. SANSON discusses thoroughly and ably its effects and mode of action when inhaled. We note the following points: Its action is not instantaneous; four minutes at least are required for the production of insensibility; so that without consent, chloroform can hardly be used by any one in aiding in crimes against the person. The first effect of chloroform is exhilaration with increased force and quickness of the heart's action. This is very brief; longer and more excited with ether. Then loss of sensation, afterwards of muscular motion and all mental consciousness; finally, profound narcosis. The sensibility of the skin is first lost.

With all anaesthetics, dilution or slow inhalation prolongs the stage of excitement. A large quantity suddenly applied causes or endangers immediate collapse.

Dr. SANSON does justice to the value, present and prospective, of other anaesthetics besides chloroform. For reduction of dislocations by prolonged relaxation, he advises ether; and he is hopeful of the future utility, for milder effects, of *amylene*. The most potent and dangerous of all is hydrocyanic acid; the simplest in action, car-

\* *Chloroform: its Action and Administration.* By ARTHUR ERNEST SANSON, M.B. Lond. Late House Physician and Physician-Accoucher's Assistant to King's College Hospital. Pp. 280. Philadelphia: Lindsay & Blakiston, 1865. Price, \$2.25.

\* Studien zur Statistik des Selbstmordes in der österreichischen Monarchie. Von Dr. C. FR. MAJER. Deutsche Zeitschr. f. d. St. XIX. Bd. 1 H.

tonic acid. We have a conjecture that the latter may yet have an important rôle to fulfil. Nitrous oxide is only thus noticed in Dr. SANSON's table: "Produces excitation and exhilaration; has been tried in the human subject, but has proved dangerous." (P. 62.) Dr. COLTON's observations seem to have lately almost finally established a different conclusion. We ask, by the way, and would like to see answered, the query, what becomes, in the now increasing and successful use of nitrous oxide in surgery, of the wild excitement familiar to every student of chemistry? Dr. SANSON hopes for selection to go still further hereafter,—or that by some happy combination we may find the "coming anæsthetic."

The theory of artificial anæsthesia which Dr. SANSON adopts is, that it depends on the suppression of the normal action of the blood upon the nervous centres; suspension of oxidation. This view is well sustained by him, with facts and arguments; it is most probably correct.

The causes of danger in chloroform inhalation are extremely well analyzed. Most deaths from chloroform have occurred before full insensibility was produced. A few may have been from mental shock, not anæsthesia. Most fatal cases have been in adult males; chiefly healthy and robust men; and with trivial operations. Children, women, and chronic invalids, have the best tolerance of chloroform. Drunkards the worst.

The most frequent mode of death, then, from chloroform is, by sudden collapse, when a great deal is breathed undiluted; next to that, by coma, when insensibility has been prolonged. If disease of the heart add to the danger, it is not valvular disease, but enfeeblement of the muscular action of the heart; especially fatty degeneration. Death may, in any case, occur, 1. From paralysis of the heart; this is the most common. 2. Spasm of the heart. 3. Palsy of respiration—suffocation. 4. Coma.

How best to administer the anæsthetic is a most important question. We have room only for Dr. SANSON's carefully elaborated conclusions. Two principles are paramount. I. The continuous inhalation of an atmosphere of known strength; of the definite dilution of three and a half per cent. of chloroform. II. The administration of a still much more dilute atmosphere at first, and the progressive increase in its strength, thus establishing tolerance. Mechanical apparatus is recommended for the definite dilution. As an *impromptu* inhaler, Dr. SANSON mentions the following: Procure an oblong piece of brown paper, eighteen inches long by twelve wide, or a newspaper folded in three; place upon it a pocket-handkerchief smoothed out, and retain it by two or three pins; then roll the paper so as to form a hollow cylinder of about four inches in diameter, which will thus be lined by the handkerchief. Air freely enters the hollow of the cylinder, and thus provides for the dilution.

The ordinary very indefinite modes of inhaling chloroform, from a sponge, towel, or handkerchief, are very properly condemned. But, if gradual and controllable definite administration of the liquid be maintained by an instrument, it must make less difference how it reaches the nostrils of the patient. We have seen frequent and most

satisfactory use of an instrument furnished to the surgeons of the army during the late war, which gives the chloroform *drop by drop*. Falling upon a handkerchief laid singly over the face, dilution is thus afforded, and it is entirely controllable. About six minutes generally suffice for full anæsthesia.

The stages are, first, *sopor*; light sleep, loss of sensibility, with partial consciousness; second, *stupor*, total unconsciousness, so that the eyelids will not wink when the ball is touched; this stage is generally marked by involuntary muscular tremor; third, *stertor*, or profound narcosis with perfect muscular relaxation. The first stage is enough for simple incisions, the removal of a tooth, &c., or to mitigate the pains of natural labor.

Dr. SANSON's practical rules are very good. Examine the health of the patient, and beware especially of weak hearts and obstructed lungs. Be careful that he has had no food for four hours. Prefer the recumbent position if it is possible. Reassure the mind of the patient. Commence inhalation always gradually. Continue it until the necessary stage of anæsthesia or narcosis is attained. When it is so, then let him breathe pure air. Do not be too anxious to reapply the chloroform towards the close of the operation, for frequently there will be a return to partial consciousness, although there remains a complete absence of pain. During the time of recovery from the effects of the anæsthetic let the patient be undisturbed.

For resuscitation, when death is threatened during inhalation, Dr. SANSON recommends the recumbent posture, the drawing out of the tongue, alternate pressure on the sternum, and then artificial respiration. Mouth to mouth is quickest, but SYLVESTER's method, by raising the arms above the head and lowering them, or MARSHALL HALL's, by turning over upon the side and back, may be continued longer. SYLVESTER's is no doubt the best. Warmth may be applied at the same time, and friction, especially toward the heart. Cold air, cold water, ammonia, etc., are useless in anæsthetic coma. Galvanism is the last resort, although tracheotomy is sometimes practised. Enemata of brandy and water may assist the reaction.

Of anæsthetic mixtures Dr. SANSON agrees with the committee of the Medico-Chirurgical Society in speaking well, at least in cases requiring prolonged insensibility. That most approved consists of alcohol one part, chloroform two parts, and ether three parts.

We need not follow Dr. SANSON in his account of the particular applications of chloroform in Surgery, Medicine, Obstetrics, and Dentistry. It is all well prepared and expressed, and worth careful study. It would not surprise us if a judicious appreciation of such facts and methods as this book has collated might do much towards abating the apprehension so common in this country in regard to the use of chloroform, and might promote its use, in mixture at least, with ether, as extensively as it has been employed in Europe. Unless, at all events, nitrous oxide is going to take its place, this is not impossible; nor, we believe, undesirable.

## Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 20, 1866.

### CHOLERA—QUARANTINE REGULATIONS —CONGRESSIONAL Action DEMANDED.

In one of our late numbers the question of cholera, contagion, and quarantine was somewhat lengthily discussed. We took strong ground against the attempt to abolish quarantine, and in favor of Congressional action, so as to secure a perfect, liberal, uniform system, not only of quarantine, but of sanitary protection of the emigrant. The right of the national government to protect the people against invasions of causes detrimental to public health, and its *duty* to do so, cannot be denied.

In anticipation of, and with a view to influence or counteract probable congressional legislation on this subject, the *free-traders* and *free-intercourse* people—that is, the importers and merchants—of Boston have already issued a pamphlet, addressed to the same class of citizens of New York, in which the abolition of quarantine is advocated. We are sorry to see that the resolutions passed by the Boston physicians, on the abstract question of the contagiousness of cholera, are now used by these men as an argument in favor of abolishing quarantine. If that was the object of these resolutions, which we have quoted in a previous number of the *REPORTER*, then we cannot too severely condemn the Suffolk District Medical Society for its hasty and injudicious action, which furnishes to these merchants, whose only care is for their bales of silk and boxes of dry-goods, and eventually for their dollars and cents, a strong lever, by which they hope to lift quarantine out of its foundations, and throw it into the sea. And we are also sorry to see that Dr. SNOW's otherwise excellent paper—which unfortunately was addressed to the public at large, who have no means of judging correctly in such matters, instead of to the profession—is in the same way used to make capital for the importers and jobbers.

We have the authority of the *Boston Medical Journal* that the physicians of Boston, who voted in favor of the resolutions, had no intention whatever thereby to express themselves against quarantine measures, but that, on the contrary, they were decidedly in their favor. But having passed the resolutions, and allowed them to go before the public, and to be made the ground of a violent onslaught on all restriction to commercial intercourse, and a *quasi* professional indorsement of

the free-intercourse doctrine, it is their duty, which they owe to themselves, and to the public, at once to pass another series of resolutions, giving a correct interpretation of the former, and disavowing the dangerous fallacies which the importers and jobbers are so willing and happy to deduce therefrom. Is this asking too much? The profession, when it passes resolutions which are calculated to go before the public, is *responsible* for their interpretation, and the uses to which they are put by designing men, for purposes of their own: Is the Suffolk Medical Society willing to let its official seal be affixed to the pamphlets of the Boston merchants, by furnishing them with ambiguous resolutions to be used *ad libitum*, and for purposes detrimental to the public welfare? If not, we call upon it to remedy the bad effects resulting from an injudiciously taken step. It is not too late for that society to put itself right before the public and the profession, and we beg them to take the matter into early and earnest reconsideration.

Bearing on the subject, and of great interest, is the able report of Dr. SAYRE, of New York, to the Board of Health Commissioners, in which he takes, essentially, the same position which we assumed in our former article. His arguments in favor of Congressional legislation on quarantine are strong and to the point. We quote:

"New York is accessible by the land as well as by the sea, and unless these same quarantine regulations are enforced in every seaport town upon the entire coast, there is no security; but the disease being imported into some of these seaport towns, may come to us by railway communication. We may therefore see the necessity for Congress or the General Government to take possession of this matter, and enforce a uniformity of quarantine regulations at every port of entry. The Government establishes a port of entry, collects revenue at a port of entry, and should, therefore, perform the duties connected with a port of entry, one of which is a proper quarantine establishment, and kept under military regulation, by which it may be rendered uniform and efficient. It sometimes happens that the port of entry, as in our own city, lies upon a river bordering upon two States, and the port may be in one State, and the most advantageous place for a quarantine under the jurisdiction of another. This conflict of jurisdiction renders it essential that it should be placed under the control of the General Government. The General Government would not hesitate to take possession of any place where it could best protect the country from an invasion by a foreign foe, irrespective of State

Asylum  
selecte  
erected  
used.



boundaries, or State jurisdiction, were it to come in the form of armies or fleets. How much more necessary, then, that the same precautions should be taken against a secret foe of pestilence and poison, vastly more destructive of human life than a fleet equipped with Armstrong guns. As there are also many ports of entry, it is a necessity that the General Government should assume this control, in order that their action should be uniform; as we have already received an official communication from the city of Boston, in which a committee of medical men have stated 'that the disease is neither infectious nor contagious; cannot be communicated by one person to another by their effects or things, their excretions or secretions, and that it is an epidemic entirely beyond quarantine regulations, or military cordons, and they, therefore, unanimously recommend the immediate removal of all such restrictions.'

"Boston being a port of entry, and having promulgated in pamphlet form to the merchants of this city their views upon this subject, may introduce into their harbor commercial intercourse, and the disease be disseminated throughout the country by railway communication; it is, therefore, patent that it is a necessity that the General Government should assume jurisdiction in this matter, as the General Government is responsible for the protection of the entire nation, and, by convention with Canada and the British provinces, a uniformity of quarantine could be established upon the entire coast, and thus the continent be protected from this terrible scourge.

"Congress has recently very wisely enacted a law to prevent importation of disease among our cattle. How much more necessary that it should enact a law which would enable us to prevent this plague and others from being imported among our people?"

We hope that the profession will take hold of this matter, and indicate to Congress that it considers it a matter of the highest public importance, that a humane and liberal quarantine law be enacted by that body, and carried into effect by the national administration, taking the matter out of the hands of a few interested men and municipal localities,—a quarantine which shall be alike protective to the public and beneficial to the immigrant.

— Commissioners to locate the WILLARD Asylum for the Insane, for New York, have selected Ovid, Seneca county. The buildings erected for a State Agricultural College are to be used.

#### PROSTITUTING SCIENCE.

Whatever be the honest political opinions of any man, and however antagonistic they may be to our own, we are always in favor of the widest freedom to give expression to them at the *proper* time and in the *proper* place. But, when representative men of the science of medicine—which is in its very nature cosmopolitan, which should be guided by the purest spirit of philanthropy, which is charity itself, which one of the Nestors of American Surgery has fitly and beautifully termed "Clinical Christianity"—belittle themselves so much and prostitute their official position to such an extent, as to use their position as teachers of medicine to preach politics *ex cathedra*, and to spit sectional hatred and party venom upon those who differ from them politically, it is time that the warning voice of the medical press should be raised against them and their mad proceedings.

Dr. JAMES JONES, a Professor in the medical department of the University of Louisiana, in an introductory lecture delivered at the opening of the School in New Orleans, and which is published in the *New Orleans Times* of Nov. 15th, 1865, has shown himself to be unfit to represent the profession of medicine as a teacher, by committing this crime of prostituting science to advance his own private political opinions. He appeals, in his address, to the sectional feelings of the Southern men whom he addresses; he speaks of the commercial intercourse of Northern men with the population of New Orleans, as the "*incursions of restless Northern barbarians*," speaks of the "*negrophilous clergy and laymen of our discriminating Northern and Western States*," and of fearful maladies which sweep over nations, "*dissevering the ties of country and kindred, thirsting for blood, and led on by the war-whoops of demons in the garb of saints*." Probably Dr. JAMES JONES has not recovered from this last mentioned malady?

For shame! Of all men in this world, the followers of our profession should be the last to keep up the animosities of the past. Our science knows no South, no East, no West, no North. Its representative men should be the first to heal, by mutual charity and forbearance, the old sores of the past. We have nothing to do with politics; but any man who attempts to sectionalize our science and to prostitute our profession, by preaching political hatred, as a teacher of medicine must be denounced, to allow him the most liberal excuse, as morally insane. Some insane men have to be *restrained*, to prevent them from injuring themselves, or stripping off their clothes. Professor JAMES JONES will please consider himself under such restraint.

### MEDICAL SOCIETY OF NEW JERSEY.

This venerable society, the oldest State medical organization in the United States, holds its regular annual session on *Tuesday next*, at 11 o'clock, A. M.,\* at New Brunswick, New Jersey. This is one of the *live* medical societies of the country. Its Transactions always contains something worth reading. One feature of its transactions is specially worthy of imitation by other medical societies. We refer to the *Report of the Standing Committee*. This committee receive the reports on Epidemics, etc., and other communications, from the reporters of the District Medical Societies, and *digests them*, presenting in an orderly, connected manner, the medical history of the year. When the Standing Committee has an efficient chairman—as is the case with that under consideration—this report becomes exceedingly interesting and valuable.

In the Transactions of 1865, a noticeable feature is the very able—we may say, unusually able—and felicitous address of the President, Dr. E. M. HUNT, of Metuchin. His subject was Medicine in its three-fold relations as a Science, a Business, and an Art. So well pleased was the Society with this admirable address, that five hundred extra copies were ordered to be printed for distribution. Fortunate is he who possesses a copy.

On the day succeeding the regular annual meeting of the Medical Society of New Jersey—that is, on Wednesday next, the 24th, the Society will celebrate its Centennial, having been founded in 1766, and kept up a continuous organization since. The following is the Order of Exercises for this occasion: 1. Prayer; 2. Address of the President, Dr. ABRAHAM COLES, of Newark; 3. Historical Narrative, by Dr. WM. PIERSON, of Orange; 4. Dinner, for members and invited guests. We anticipate a very pleasant and profitable meeting on both days, and hope that the profession of New Jersey will be there in full force and character.

### DEATH OF DR. PHILIP WALTER,

Of Nazareth, Pennsylvania.

It is our melancholy duty to record the death of this excellent and distinguished physician, which took place, suddenly, on the morning of the 19th ultimo, at his residence at Nazareth, Northampton county, Pennsylvania. His disease was angina pectoris, under which he had labored for the last eighteen months.

Dr. WALTER was of German descent, and was born on the 1st of September, 1799, in Upper

Milford Township, Lehigh county, Pennsylvania. He was, consequently, at the time of his death, in the sixty-seventh year of his age. His private medical instruction was obtained in the office of Dr. GREEN, of Quakertown, in this State. He received the doctorate in the spring of 1823, after having attended two full courses of lectures in the University of Pennsylvania. Soon after this, he settled at Nazareth, where he soon acquired a large and lucrative practice, and which continued to be the scene of his labors up to the time of his death—a period of forty-one years.

Dr. WALTER was tall and erect in person, with dark hair and eyes, a handsome countenance, a gentle voice, and highly agreeable manners. His mind was well stored with professional knowledge. He read much, and was a close observer, and skilful practitioner. His practice extended over an immense field, and few cases of importance occurred for many miles around Nazareth; in which he was not consulted. His popularity in the village itself was unbounded; and the immense crowd of mourners that followed him to his last resting place, notwithstanding the excessive inclemency of the weather on the occasion, more strongly attests than any language can express, the esteem and affection in which he was universally held by the people among whom he had so long lived, and whom he had so often and so faithfully served as their medical adviser and friend. The poor will never forget his kindness and disinterested devotion. He made no distinction among his patients; he served alike the rich and the destitute. It was sufficient for him to know that they needed his attentions. As a husband, father, neighbor, his character was most exemplary. His intercourse with his professional brethren was governed by the highest sense of honor. He never, in all his life, uttered a word of reproach or of unkindness against any one. He possessed great skill in diagnosis, and his presence never failed to inspire confidence and hope in the sick-chamber.

Dr. WALTER has left behind him a son, a young physician of promise, to inherit his good name and succeed him in business. He himself requires no monument. His memory is indelibly embalmed in the affections of the grateful and appreciative people among whom he so long, so usefully, and so successfully labored. G.

### The New York Lancet,

Is the title of a new candidate for public favor. The *Lancet* is to be issued fortnightly, at 806 Broadway, New York, and is edited by Dr. N. R. C. ROWZ. It is a family journal. The initial number is very creditable. It seems to us that the name chosen is an unfortunate one for a family medical journal. If we understand Dr. Rowz, his intention is to visit families as a hygienist, and not as a practitioner. "*Lancet*" is, therefore, an inappropriate name. The subscription price is \$2 a year. We advise our readers to send ten cents for a specimen copy, and introduce it among their constituents.

\* Not 7 o'clock, P. M., as erroneously published in the notices in previous numbers of the *REPORTER*.

## Notes and Comments.

### Compulsory Vaccination.

In an article by Dr. J. B. JONES, of Brooklyn, published as a part of the Transactions of the Medical Society of the county of Kings, in the *Buffalo Medical and Surgical Journal*, that gentleman makes some timely remarks on the necessity of compulsory vaccination. He says:

"Give us laws making it compulsory for every one born in the State, or resident thereof, to be vaccinated and re-vaccinated; economy, justice and humanity demand it. We may not by such laws be able to exterminate the disease, but we can so protect the people that the mortality will be diminished to such an extent, that death from it would be rare, and cease to excite the public mind. From observation and research, I am led to strenuously recommend re-vaccination to every person under thirty years of age, as often as every fifth or sixth year.

"That the laws in this State, and I believe in every other State in the Union, are culpably deficient, must be evident to the casual observer. That by judicious laws properly applied in cities and throughout the States, the number of cases which would occur annually, would not amount in the aggregate to the number of deaths which now annually result from this disease. That the reason why such laws are not now existing in this country, is due, to a very great extent, to the want of intelligent and combined action of the medical profession."

To all this we say, Amen! If the profession would only act in concert, we would soon have a system of sanitary laws, beneficial to the public and creditable to ourselves. But, as matters have been, everybody pulling in the wrong direction, or out of time, little could be expected. There is a Sanitary bill before the Legislature of New York. Let the profession see to it, that compulsory vaccination forms one of its clauses.

### Public Urinals.

In an excellent "Report on the Means of Improving the Sanitary Condition of Chicago," made by a committee of medical gentlemen, of which Prof. N. S. DAVIS is chairman, among other suggestions, is one regarding the establishment of *Public Urinals*, which applies with equal force to every large city on the continent. Whoever has perambulated the streets and boulevards of Paris, will remember gratefully these excellent little institutions of personal comfort and public health, for which we Americans use alleys and street corners, which, as the report truly says, "is not only an offence against public decency, but the impregnation of the soil in the alleys and around the street corners with urine, is a prolific source of offensive and poisonous emanations."

There is, so far as we know, one public urinal in successful operation in the city of New York—in City Hall Park—which, however, had better be abated as a nuisance; it is constantly filled, has very deficient drainage, and the incrustations of urinary deposits in the basin are nearly an inch thick, while the use to which the little wooden box is put, is made apparent to the noses of the passers-by at a distance of many yards.

We know of but one public urinal, and that a badly constructed one, in this city. It is located back of Independence Hall. We commend this subject to the attention of our city authorities.

### Effect of Sanitary Provision on the Death-Rate in English Cities.

A correspondent "C. L. B." of the *New York Times*, communicates to that journal some interesting statistics of Salisbury, to show the benefit derived from sanitary provision, *apropos* to the health-bill for New York, which will be proposed during the present session of the legislature, and for the passage of which every physician should exert his influence.

The following are some of the statistics given in the paper:

The subsoil water has been lowered four or five feet over the whole city, and the floor of the Cathedral is dry. Since drainage, in nine years, 531 less people have died than in nine years before drainage, *excluding* the cholera year; that is, instead of four, only three.

	Before Drainage.	After Drainage.
Nine years.		
Births.....	2,476	2,624
Deaths.....	2,226	1,629
Majority of births.....	244	929

The following table will show the total number of deaths in each of nine consecutive years before and after drainage. The years end upon the 30th of June, so that the cholera cases of 1849 are excluded:

Year.	Deaths before drainage.	Year.	Deaths since drainage.	Yearly decrease.
1841.....	230	1856.....	182	48
1842.....	268	1857.....	194	74
1843.....	284	1858.....	213	71
1844.....	251	1859.....	200	51
1845.....	216	1860.....	201	15
1846.....	209	1861.....	132	68
1847.....	321	1862.....	230	91
1848.....	220	1863.....	192	28
1849.....	236	1864.....	151	85
Total.....	2,226	Total.	1,695	531

The average annual mortality before drainage was about 27 in 1000; for the nine years since, 20 in 1000. In other words, *one-third* of the deaths that would have occurred have been saved by these sanitary improvements; or, as Mr. CHADWICK somewhere expresses it, it is as if "one year in every three in Salisbury were a jubilee year—entirely free from death." The character of the diseases, too, has changed.



"Zymotic diseases killed 247 people in seven years before drainage, or 3.88 in 1000 per annum, (cholera cases being excluded.) In seven years since drainage, zymotic diseases killed only 172, or 2.73 in 1000, as an annual average. The zymotic deaths in the whole kingdom being at the rate of 4.45 in 1000 per annum, a comparison therewith is very much in favor of Salisbury. While 1 in 219 annually dies elsewhere, only 1 in 367 dies from that class of diseases in Salisbury."

Since drainage, a great change has taken place in the number of deaths from the allied tubercular diseases, phthisis, *tabes mesenterica*, and *hydrocephalus*, as the annexed table shows:

	Phthisis.	Tabes Mesenterica.	Hydrocephalus.
Before drainage, 1844-50.....	286	32	80
Since drainage, 1857-63.....	143	17	10
Diminution...	143	45	20

The Close of Salisbury shows, also, a reduction of death-rate from nearly 20 to about 14 in 1000, which is lower than that of the Isle of Wight, which is about 17, and is one of the healthiest rates in the kingdom.

TABLE OF COMPARATIVE MORTALITY FOR TEN YEARS.

In 1000 per annum.	In 1000 per annum.
England.....22	York.....24
One hundred and forty-two Districts, including chief cities.....24	Exeter.....24
London.....23	Bristol.....27
Liverpool.....33	Clifton.....21
Manchester.....31	Bath.....22
Birmingham.....27	Worcester.....23
Southampton.....24	Canterbury.....23
	Brighton.....22
	Scarborough.....21

FOR NINE YEARS.

City of Salisbury, before drainage.....27	Close of Salisbury, before drainage.....20
City of Salisbury, since drainage.....20	Close of Salisbury, since drainage.....14

Macclesfield is also a marked instance of the effects of sanitary improvements. The results are plain. In the seven years ending September, 1848, the rate of mortality in the borough was 33 in 1000. In five years since 1848, and ending September, 1853, before the works were fairly in operation, the mortality was 29 in 1000. In 1854 the mortality was 25.

But the most marked effects were in the worst streets. The average stands thus, after the sanitary improvements:

Wood street, 60 per cent. less deaths.  
Nixon's yard, 42 per cent. less deaths.  
Watercotes, 40 per cent. less deaths.  
Wellington street, 34 per cent. less deaths.  
Water street, 12 per cent. less deaths.

The latter streets were the last completed. The average length of life in Macclesfield, up to 1848, was 24 years; in 1854, it was 27 years. The decrease of deaths of persons between 20 and 30 years was 23 per cent., that is, nearly a quarter of the young men and women of the

town, who would have died, were saved by sanitary science. The saving, too, in sickness has been very remarkable. Under good sanitary arrangements crime, too, diminishes.

Thus, there is in

Wood street, 55 per cent. less crime.  
Nixon's yard, 47 per cent. less crime.  
Water street, 24 per cent. less crime.  
As shown by the police records.

Mr. RAWLINSON, in a report upon the borough, shows the expense in poor rates saved by sanitary improvements. He takes certain poor streets which were sewered and paved:

	Relief paid in 1848.	Relief paid in 1855.
Wood street.....	£54 0 0	£ 3 18 0
George street.....	54 0 0	12 10 3
Water street.....	40 4 6	1 00 0
Nixon's yard.....	10 1 0	7 16 6
Total.....	£158 5 6	£25 4 9

The cost of all the works in the streets was £1541. The saving of one year in poor rates paid the interest on the outlay at 5 per cent., and left £56 as an instalment toward the principal.

Another saving is estimated from the number of deaths. The rate of mortality being reduced 7 in 1000, it is estimated that during five years 1015 lives were saved. In funeral expenses alone, calculated from 232 burial clubs, £8729 were saved.

There have been also in that period 28,420 less cases of sickness, and estimating the cost according to the data furnished by benefit societies at a shilling a day for 20 days, £28,420 would have been saved in this way alone.

The deaths of children under one year have also decreased 16.3 per cent., and those under five years, 4.6 per cent.

#### A Bird with False Plumage!

The *British Medical Journal* alludes editorially to a lady named FERGUSON, holding the degree of M. D., from the University of Philadelphia, and who is said to have acted as resident surgeon or *chirurgienne* to a lying-in hospital in that city, and to have made the voyage to Australia in charge of a ship, and who applied, in June last, to the Medical Board at Melbourne, to be placed on the register. The *Australian Medical Journal* also alludes to the case.

We call the attention of our English and Australian cotemporaries to the fact that the degree held by this lady, if indeed she holds any at all, is not from the University of Pennsylvania, but from a hybrid concern, "eclectic, homœopathic," etc., at which men and women attend lectures together, and which has secured from a pliant legislature a charter, under the title of Penn Medical University—a manifest injustice to the time-honored University of which Pennsylvania legislators should have been too proud to thus desecrate its name.

**Cholera and Quarantine.**

We notice that our respected cotemporary, the *Cincinnati Lancet and Observer*, takes the same view on this subject that we do. In an editorial article in the December number, it says:

"We presume few physicians regard cholera as a contagious disease; but at the same time it is certainly very true that certain epidemics, of which cholera is one, travel in the track of commerce—along the world's highways has this terrible destroyer journeyed across continents and oceans. There seems, therefore, a propriety in the enforcement of such regulations as will, to a certain extent, pile up a barrier in its track. These precautions occasion considerable annoyance and inconvenience, but if they avert or delay calamity to the community, to neglect them becomes absolute cruelty.

**Correspondence.****DOMESTIC.****Detached Kidney.**

EDITOR MEDICAL AND SURGICAL REPORTER:

In Vol. X. No. 3, p. 46, of the *REPORTER*, I reported a case of "Detached Kidney," the first that ever came under my notice. As it was something new to me, as well as those physicians with whom I conversed on the subject, I concluded to give the result of my observations to the readers of the *REPORTER*, thousands of whom were probably as ignorant of this dislocation as I previously had been.

I made no comments at the time, expecting to see something either from the Editor or from the pen of some able contributor, that would give me further light on the subject, but in this I was mistaken, as no notice seemed to be taken of the case. Neither had I been fortunate enough to meet with anything relating to such cases, until taking up the *REPORTER* of Dec. 9th, Vol. XIII., No. 24, p. 382, I found an extract from the *British Med. Journal*, from which I would infer that such cases were not uncommon. And hence the question arises, why is it not noticed generally by our authors, and thus familiarize our young practitioners, and in fact some of the older ones, with an accident, from the ignorance of which they may suffer much annoyance.

I have recently met with another case of floating kidney, which, from my former experience, I had no difficulty in diagnosing. And though the lady suffered much in consequence of its occasionally coming in contact with, and pressing upon, an inflamed stomach and duodenum, yet she was saved the drugging, which might have resulted from ignorance, and taught the *modus*

*operandi* of obtaining relief, which was simply to turn gently upon the left side, (the left kidney being displaced,) and allow the kidney to fall back into the lumbar region.

M. LOUIS MEADS, M. D.

Spring Arbor, Mich., Dec., 1865.

**News and Miscellany.****Diphtheria—A Circular from Dr. Norton.**

Dr. O. D. NORRIS, of Cincinnati, was placed on a special committee by the American Medical Association to report on diphtheria. He has handed us, says the *Lancet and Observer*, the following list of queries, and any of our readers who have had opportunities for observing the disease, will confer a favor that will be appreciated and acknowledged, by corresponding with Dr. NORRIS:

1. Has diphtheria occurred in your practice? If so, when did it first make its appearance? (Please state the year and the months in which it prevailed, and how many cases came under your observation.)
2. Did it occur as a sporadic, epidemic or epidemic disease?
3. Did the disease affect one class or age more particularly, and what were its general characteristics?
4. What in your opinion are the general, and what the exciting cause or causes of the disease?
5. Do you consider diphtheria and scarlatina identical?
6. Do you consider it communicable?
7. What other diseases were especially prevalent at the time?
8. Do you know of any disease having affected animals during the occurrence of diphtheria in the community?
9. Have you seen the diphtheritic membrane developed upon the cutaneous surface or upon wounds?
10. In what proportion of cases has the disease invaded the larynx? Also, the œsophagus?
11. What have been the sequelæ?
12. What has been the result of post-mortem or microscopical examinations?
13. In what proportion of cases have you found albumen in the urine?
14. What has been the rate of mortality? and what the immediate cause of death?
15. What was the general course of treatment pursued by you, and what particular remedial agents seemed the most productive of good?

**Pension Examining Surgeons.**

The following are recent appointments:

*Massachusetts*.—Dr. J. S. SULLIVAN, Malden.

*Vermont*.—Dr. J. J. MEIGS, Hyde Park.

*Ohio*.—Dr. ORRIN FERRIS, Upper Sandusky.

## New Anæsthetics.

Mr. NUNNELEY showed to the members of the British Medical Association two substances, the bromide of ethyl and the chloride of olefant gas, which for some time past he had used as anæsthetics. He stated that he had not lately performed any serious operation, either in private practice or at the Leeds General Infirmary, without the patient being rendered insensible by one or other of these agents; each of which he believed to possess important advantages over chloroform. They were among the many analogous bodies experimented upon by him, and were favorably mentioned in his essay on Anæsthesia, which was published in the *Transactions of the Association for 1849*. At that time the difficulty and cost of their manufacture were too great to allow of their being commonly used. This difficulty had, however, been overcome; and, should their use become general, they can be made at a cost not exceeding that of chloroform, if not at less. They both act speedily, pleasantly, and well. The patient might be kept insensible for any length of time, while the most painful and prolonged operations were being performed. No disagreeable symptoms had in any case resulted from their use.—*Chem. News*.

## Ohio Statistics of the Insane.

The last report of the Central Ohio Lunatic Asylum, says the *Chicago Medical Journal*, gives the occupations of all persons admitted in twenty-six years. In dividing the number of each occupation by the number of the insane it has furnished in that time, we have the following:

Speculators, . . . . .	1 to 24
Artists, . . . . .	1 " 58
Clergymen, . . . . .	1 " 84
Students, . . . . .	1 " 97
Tailors, . . . . .	1 " 188
Merchants, . . . . .	1 " 154
Lawyers, . . . . .	1 " 169
Physicians, . . . . .	1 " 184
Farmers, . . . . .	1 " 195
Butchers, . . . . .	1 " 215
Blacksmiths, . . . . .	1 " 315
Laborers, . . . . .	1 " 431

## Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey, will be held at New Brunswick, on the fourth Tuesday, 23d of January, at 11 o'clock, A. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. A. M. COLE.

History of the Society by Dr. Wm. PIERSON, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

WILLIAM PIERSON, Recording Secretary.

Dec. 16, 1863.

## MARRIED.

BEDLONG—DRAKE.—In Providence, R. I., January 11th, by Rev. C. L. Perkins, Dr. Wm. H. Budlong, of Philadelphia, and Miss Angela A. Drake, of Providence.

BUNSTEAD—SEWELL.—In the Reformed Dutch Church of Peking, Ill., December 25, by the Rev. U. D. Gulick, S. J. Bumstead, M. D., and Miss Sadie E. Sewell.

BONSTEEL—EATON.—December 12th, by Rev. N. S. Lowrie, Dr. A. S. Bonsteel, of Cattaraugus county, New York, and Mrs. Emma M. Eaton, of Conneautville, Pennsylvania.

CURTIS—WEEKS.—Jan. 10, at Newark, N. J., at the residence of S. S. Morris, Esq., by Rev. J. Wainwright, assisted by Rev. J. C. Eccleston, D. D., Walter J. Curtis, M. D., and Sarah Twining, daughter of the late Rev. Joshua W. Weeks, of Lahave, Nova Scotia.

HAPPERSSETT—TROUT.—In Memphis, Tennessee, December 26, by the Rev. Dr. White, Dr. J. Grier Happerssett, Brevet Major and Assistant Surgeon, U. S. Army, and Miss Emily K., daughter of Thomas Trout, Esq.

JESSUP—COBB.—At the residence of Dr. Joshua Cobb, Clarksville, Tenn., on the evening of December 27th, 1865, Lieutenant Hunting C. Jessup, One Hundred and First United States Colored Troops, of Montrose, Pa., and Miss Nina M. Cobb, of Clarksville, Tenn.

WHITMAN—THOMPSON.—In Ellington, Conn., Dec. 20, 1865, Dr. H. L. Whitman, of Des Moines, Iowa, and Miss Ellen Thompson, of the former place.

WOODYARD—TUCKER.—Dec. 25th, 1865, in Orange, Ohio, by Rev. H. C. Cheadle, Dr. T. W. Woodyard and Miss Josephine Tucker.

WRIGHT—NAGLE.—On the 11th inst., by the Rev. Dr. Bomberger, Mr. John K. Wright and Miss Mary Josephine, second daughter of Dr. G. L. Nagle, of this city.

## DIED.

BLATCHFORD.—At Troy, N. Y., on Sunday, Jan. 7, Thomas W. Blatchford, M. D., aged 71 years.

BOYDEN.—In Bedford, Mass., Jan. 1, Mrs. Maria J. Boyden, wife of Dr. Eben Boyden.

BUCKOUT.—At her father's residence, Sing Sing, N. Y., Jan. 10, Cornelia A., wife of Alfred Buckout, and daughter of Adrian K. Hoffman, M. D.

FEENEY.—Jan. 9, at his residence, 128 Warren st., Jersey City, Dr. Joseph Feeny, late of Staten Island, in the 63d year of his age.

GRIER.—In this city, on the 7th inst., Caroline C., wife of Dr. William F. Grier.

LYMAN.—In Rockford, Ill., Dec. 19th, Dr. William Lyman, of heart disease.

MACKEN.—At Princeton, N. J., on the 19th of December, Susan Balnbridge, aged 18 months and 19 days, youngest child of Dr. George M. and Mrs. Caroline M. Macken.

MCGOFFIN.—On the 19th of December, in Mercer, Pennsylvania, Mrs. Amanda, wife of Dr. Beriah McGoffin, in the 49th year of her age.

MASON.—Near Kingston, New York, on the 3d inst., Elizabeth, wife of Dr. James Mason, and daughter of the late William Cramin, Esq., of Philadelphia, in the 57th year of her age.

RICKETTS.—On the 8th inst., David F. Ricketts, Assistant Surgeon, U. S. Navy, in the 32d year of his age.

ROCHE.—Jan. 7, at his residence, Mead Basin, N. J., John Hargrove Roche, aged 26 years and 6 months, son of the late Dr. M. B. Roche, of New Bedford, Mass.

ROUSE.—In this city, on the 11th inst., in the 36th year of his age, Joseph W. Rouse, M. D.

## ANSWERS TO CORRESPONDENTS.

Visiting Lists have been sent to the following persons: Drs. F. D. P. Norristown, Pa.; I. S. C., Seargeantsville, N. J.; and a Hand-Book to Dr. P. F. B., Belvidere, N. J.

## METEOROLOGY.

Jan. 1866,	1,	2,	3,	4,	5,	6,	7.
Wind.....	N.	N. E.	N. W.	N. W.	N. W.	N.	N.
Weather.....	Cl'dy.	Cl'dy.	Cl'dy.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....	Snow.	Snow.					
Thermometer.							
Minimum.....	28°	28°	27°	22°	4°	6°	9°
At 8 A. M.....	34	36	32	31	12	16	21
At 12 M.....	38	34	37	33	18	23	21
At 3 P. M.....	38	34	36	29	20	24	16
Mean.....	34.50	33.	33.	28.75	13.50	17.25	16.75
Barometer.							
At 12 M.....	30.2	30.4	30.2	30.	30.4	30.3	30.7

Germanstown, Pa.

B. J. LEEDON.